

**WORK ASSIGNMENT FOR A MINOR      USUHS FORM 6050 (Rev. 1/02)**

Minor's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Department: \_\_\_\_\_ <sup>1</sup>Mentor's Name: \_\_\_\_\_

Lab Room Numbers Minor will be working in: \_\_\_\_\_

**MENTOR, please indicate potential hazards that minor could work with: (NOTE: check all that apply)**

- ☐ Chemical  
☐ Lasers, List highest ANSI Class: \_\_\_\_\_  
☐ Animal  
☐ Posted radiological lab  
☐ NONE (e.g. Admin/Clerical) or Other: \_\_\_\_\_

1. Mentors are responsible for closely supervising assigned minors to ensure that all standard safety practices as listed in USUHS' Safety Manual (6053-M) are observed in office and laboratory areas.
2. The minor is not authorized to handle human blood, body fluids or unfixed tissue.
3. If the minor plans to handle/use radioactive material, then the Radiation Safety Officer's (295-3390) concurrence must be obtained prior to any work. If approved by the RSO, then minors working in a posted radiological lab will need dosimetry and must receive Radiation Safety Lab Training. No minor is authorized to work with radioiodine.
4. If the minor plans to work with animals, then Animal Safety Training is required.

<b>All required training will be provided during the initial Minor's Orientation. See the EHS website for complete training schedules.</b>
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5. The above captioned minor has received training applicable to the minor's anticipated occupational exposures: EHS Staff: \_\_\_\_\_ Date: \_\_\_\_\_
6. As a MENTOR, I fully understand that it is my sole responsibility to closely supervise the above named minor to ensure that all standard safety practices as listed in USUHS' Safety Manual (6053-M), including the additional limitations listed above, are observed in office and laboratory areas and that work involving the above stated occupational exposures will not occur until hazard specific training has been signature documented. I am also aware that I may be asked to produce this training documentation during routine EHS workspace inspections.

MENTOR signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the Civilian Human Resources (CHR) Department. Copy retained by mentor.**

<sup>1</sup> Mentor= Principle Investigator, Department Chair, Director, Branch Chief, or equivalent